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PATENT NUMBER

## U.S. UTILITY Patent Application

**J.P.E.**

**PATENT DATE**

SCANNED

APPLICATION NO.

**CONT/PRIOR**

**CLASS**

SUBCLASS

ART UNIT

**EXAMINER**

09/849868

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455

1645

~~KAY FAFAN~~

## APPLICANTS

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**TITLE**

## Hair cell disorders

PTO-2040  
12/99

**ISSUING CLASSIFICATION**

[illegible]

<input type="checkbox"/> <b>TERMINAL DISCLAIMER</b>	<b>DRAWINGS</b> Sheets Drwg.      Figs. Drwg.      Print Fig.		<b>CLAIMS ALLOWED</b> Total Claims      Print Claim for O.G.	
	<input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed. _____ (Assistant Examiner)      (Date)		<b>NOTICE OF ALLOWANCE MAILED</b>  	
<input type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S. Patent No. _____ _____	<input type="checkbox"/> The terminal _____ months of this patent have been disclaimed. _____ (Legal Instruments Examiner)      (Date)		<b>ISSUE FEE</b> Amount Due      Date Paid	
	 		<b>ISSUE BATCH NUMBER</b> 	

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